

Town of Brookline  
Advisory Committee Minutes

Harry K. Bohrs, Chair

Date: April 1, 2014

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Present: Harry K. Bohrs, Carla Benka, Clifford M. Brown, Sumner J. Chertok, Lea Cohen, John Doggett, Bernard Greene, Kelly A. Hardebeck, Nancy S. Heller, Amy F. Hummel, Systke Humphrey, Alisa G. Jonas, Janice S. Kahn, Bobbie Knable, Fred Levitan, Pamela Lodish, Sean M. Lynn-Jones, Shaari S. Mittel, Stanley L. Spiegel, Charles Swartz, Leonard A. Weiss, Karen Wenc, Christine Westphal

Absent: Lee L. Selwyn, Angela Hyatt, Michael Sandman

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The meeting was called to order at 7:30 PM.

**1. Agenda Item:** Art 12 (Public Safety): Amendment to Article 8.15 of the Town's By-Laws – Noise Control --

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Presenting for the subcommittee is: Janice Kahn

See Appendix for Report of Subcommittee.

Also Present: Fred Lebow

**Discussion:** Purpose is to clarify definitions and allow sound levels to be measured according to comparable International as well as ANSI standards. Emergency generator provisions only apply to generator use for issues that are life threatening according to state law definitions. Doesn't apply to generators for run of the mill power outages, for example, unless they are used for saving a life.

Q: What do stickers on leaf blowers (which protect it from complaints of noise violations) do? A: The stickers indicate that the blower meets noise standards.

**Vote:** Upon motion duly noted and seconded, the committee voted in regard to the Subcommittee's recommendation of favorable action: 18 in favor, unanimous.

**2. Agenda Item:** Art. 9 (Personnel): Changes to the Senior Property Tax Deferral Program

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Presenting for the subcommittee is: Chuck Swartz

See Appendix for Report of Subcommittee.

Also Present: Gary McCabe, Town Assessor; petitioners Brooke Ames and Arthur Conquest III.

**Discussion:** Increase tax referral for seniors living in Brookline 10 years and owning homes 5 years: raises income eligibility from a state index, which is currently at \$55K adjusted gross. This program is

not used very much. Seniors don't want a lien on their property. Discussion about how to increase awareness of it in town, by various means. This is proposed especially in anticipation of a tax override and removing the burden on seniors. Also lower the interest rate from 5% to 3%.

**McCabe:** Last time they adjusted the requirements for entering the program was in June 2008, just prior to FY 2009 override. Last time took it from \$20K to \$40K adjusted gross. The number of participants in the program didn't change then. It doesn't impact the town's revenue negatively in any way, just cash flow.

Q: Is this something that accrues forever, until death? A: Yes and no, it's an annual application. Any deferred tax continues to be deferred at a set interest rate. So it does accrue indefinitely.

Q: Why not consider a floating rate, based on an index, such as short term treasuries, which would protect the town, when interest rates shoot up. A: Believes people are more comfortable with fixed interest rate.

Comment: Or it could be a rate tied to an index, but also with a cap.

Q: How can this not have a negative effect on town revenue? If program were expanded? A: If it were a significant amount of money, the town would have to borrow for it. It would be a cash flow issue, not a revenue issue.

Q: Why didn't you set this at poverty level plus some extra, instead of a fixed amount, so you wouldn't have to come back to town meeting when income goes up? A: \$55K is tied to the state circuit breaker system; it goes up as costs increases, and it is not a specific amount.

Q: Where is source of notion that interest rate is a disincentive? A: A town meeting member, and some older Advisory Committee report. Another disincentive is accruing interest; your equity is reducing in your home.

**Vote:** Upon motion duly noted and seconded, the committee voted in regard to the Subcommittee's recommendation in favor: 17 in favor, 2 abstained.

**3. Agenda Item:** Art. 6 (Personnel): Acceptance of Legislation to Increase Property Tax Exemptions. (Assessors)

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Presenting for the subcommittee is: Chuck Swartz

See Appendix for Report of Subcommittee.

Also Present: Gary McCabe, Town Assessor

**McCabe:** Useful input from AC subcommittee re how can we get deferral/exemption information out to people who are 65+. Perhaps a direct mailing. Also, there are many households where 2 people are 65+.

Program is for: Seniors, Disabled Veterans, Blind: various exemptions. Most require an application annually. About \$120,000 program cost, of which state reimburses us for about \$40,000. This would add \$60,000 cost to the Town, with additional exemption.

**Vote:** Upon motion duly noted and seconded, the committee voted in regard to the Subcommittee's recommendation in favor: 18 in favor, 2 abstaining.

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**4. Agenda Item: Art. 30 (Human Services): Resolution Regarding Obstetric Fistula**

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Presenting for the subcommittee is: Sytske Humphrey

See Appendix for Report of Subcommittee.

Also Present: Petitioner, Sarah Gladstone, Brookline HS sophomore; and HS advisor, Kim Draggoo.

**Q:** Is part of prevention Caesarean birth? **A:** Yes, and that's why we don't have this problem in US anymore. Part of the act is to train lay people so it doesn't get to this.

**Comment:** Really applauds your efforts. There is a direct relation between the level of women's treatment and the level of that society.

**Q:** Is there opposition to this law in Congress? **A:** There is some opposition because it includes birth control provisions here.

**Q:** Any indication from the White House how they would follow up on this? **A:** The key thing is getting it on the foreign policy agenda, and raising awareness.

**Vote:** Upon motion duly noted and seconded, the committee voted in regard to the Subcommittee's recommendation in favor: 20 in favor, unanimous.

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**5. Agenda Item: Art. 3 (A&F): Annual Authorization of Compensating Balance Agreements**

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**Vote:** Upon motion duly noted and seconded, the committee voted in favor: 20 unanimous.

**Motion to adjourn, unanimous.**

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The meeting was adjourned at 8:50 PM.

**Appendix:**

**A. Subcommittee Report on: WA 12**

**B. Subcommittee Report on: Was 6 and 9 plus Memo from Gary McCabe**

**C. Subcommittee Report on: WA 30 plus Federal Bill pertaining to Obstetric Fistula**

**D. Subcommittee Report on: \***

## Public Safety Subcommittee Report to the Advisory Committee

### WA 12: Amendment to Article 8.15 of the Town's By-Laws - Noise Control - clarification of definitions

On March 25<sup>th</sup> at 6:30 pm in Room 111 in Town Hall, the Public Safety Subcommittee held a public hearing on WA12. In attendance were: Fred Lebow (Petitioner), Alex Mayer and Tyisha Smalls (Newbury College journalism students), Janice Kahn, Lea Cohen and Alisa Jonas (Subcommittee members).

The Noise Control By-law, Article 8.15 of the Brookline Town By-laws sets noise volume standards which are enforceable by four Town agencies: DPW, Building Department, Health Department and the Police Department. The proposed amendments seek to accomplish two things: (1) clarify definitions, and (2) allow sound levels to be measured according to comparable International IEC 61672-1 standards as well as ANSI (American National Standard Institute) standards.

**BACKGROUND:** The current by-law was passed at the November 18<sup>th</sup> 2011 Special Town Meeting and was based on work by a two-year Selectmen's study committee, of which the petitioner, Fred Lebow, was co-chair. The proposed WA12 amendments to that by-law respond to questions that the petitioner received over the past 4 or so years from other towns that wanted to model their by-law on Brookline's. There was some confusion about some of the definitions. For example, what constitutes an emergency generator, or a portable leaf blower, or nighttime background noise. The petitioner also seeks to enable the Town to purchase European-designed equipment that meets comparable ANSI (American) standards.

**DISCUSSION:** The petitioner, an engineer with particular expertise in sound engineering, has had significant experience in the area of noise standards. He wrote Boston's noise by-law approximately 25 years ago, co-chaired the Selectmen's study committee that examined a similar one for Brookline and then wrote Brookline's Noise Control By-law, which was adopted by TM. In the years since the by-law was passed, it has become increasingly clear that some of the definitions within the by-law needed clarification. For example, emergency generators are exempt from the by-law; however, some people thought that if one has a generator for one's home use that it was exempt. Those generators, though, are considered stand-by or convenience generators, which are not emergency generators according to the State Building Code, and so not exempt. The language added, "...or required by the latest edition of the State Building Code" makes

that clear. In other words, home “fixed” generators are covered, but portable generators, unless used to support medically-necessary equipment, are not.

There was also a question of what constitutes “portable” in the definition of leaf blowers – some people thought that if it was movable, it was portable. The amended language makes it clear that portable refers to leaf blowers being either hand-held or carried in a backpack. Only portable leaf blowers are covered in the by-law. The subcommittee received several letters regarding the clarification of portable leaf blowers, expressing concerns that it might be possible for landscapers who typically use hand-held or backpack portable leaf blowers to skirt the by-law by putting the equipment in a cart or other device, thereby exempting them from the noise by-law. The letters were unanimous in opposing this new wording, without also closing what they viewed as a loophole in the law.

Another proposed change is to the definition of ambient or background noise levels, adding specificity to enforceable nighttime ambient noise as “10 dBA lower than Background Noise Level measured during the Day.” The petitioner explained that to determine accurate nighttime noise levels in various parts of Brookline, the Town’s previous Building Commission, Mike Shepard, would have had to go around with a sound level meter throughout the Town at 2 AM, for example, which was considered impractical. A sampling of nighttime sounds levels in Brookline showed that there was roughly a 10 dBA difference between nighttime and daytime ambient noise levels. The Subcommittee also received a written comment questioning that blanket measurement.

Besides clarifying definitions, the proposed amendments seek to add International IEC 61672-1 standards to American standards when measuring sound levels. The petitioner explained that when it comes to purchasing sound level meters, for example, fewer and fewer American manufacturers are producing the equipment. He offered the examples of HP, GenRad and Raytheon as companies no longer making sound meters. He also noted that European-produced meters have advantages that American meters don’t have, such as a USB port to download data from the meter into a computer. The petitioner explained that both meters have calibrated amplifiers and switches; where the meters differ is in the equalization chip, which is the base/treble balance. Sound meters attempt to simulate what the “average ear” hears. One might have more treble, another more base.

The Subcommittee received a letter questioning why the Town would allow European standards, which might be different and not as rigorous as American standards. Our by-law currently only allows equipment that meets ANSI standards. By also allowing International acoustical standards, the petitioner reasoned, it would give the Town the option of buying a wider range of equipment, potentially saving the Town money. He explained that there is at most a ½ dBA difference in the two sets of standards and felt that extending standards that are acceptable within the by-law to European-manufactured equipment had more positives than negatives.

RECOMMENDATION: The Public Safety Subcommittee, by a vote of 3:0 recommends favorable action on WA 12

## **Article 9 Personnel Subcommittee Report March 31, 2014**

The Personnel Subcommittee of the Brookline Advisory Committee held a public hearing on March 31, 2014, at 6 p.m., regarding Article 9 of the Annual Brookline Town Meeting. The meeting was held following due notice provided to the Town Clerk and published on the Town's website. Sub committee members Nancy Heller, Chuck Swartz, Christine Westphal, and Sumner Chertok attended the meeting as well as the petitioners, Brooke Ames and Arthur Conquest III. Also in attendance were Finance Director Stephen Cirillo, Town Assessor Gary McCabe, Brookline Community Aging Network representative Frank Caro, and TMM Neil Gordon.

### **BACKGROUND:**

Article 9 is a real estate tax deferral program for seniors who have lived in Massachusetts for 10 years and in their homes for at least 5 years, to defer paying real estate taxes until they either sell their homes or pass away. It would raise the income limit for eligibility for the program from \$40,000 to \$55,000 by tying it to the state's "circuit breaker." In addition, it would lower the interest rate charged to participants from 5% to 3%.

### **DISCUSSION:**

This is an existing program. The article would raise the income limit and lower the interest rate charged. To compare, interest rates charged in other communities: Newton is at 8% (and may come down), Boston, Cambridge, and Quincy are at 4%, Sudbury at 2.5%, Lexington, Acton, and Wellesley are below 1%.

Gary McCabe, Town Assessor, said that the town would not be impacted by the change and that the costs would be recovered. There are ten homeowners in the program now. He thought that participation is low because people were not comfortable having liens placed on their properties.

Steve Cirillo said that the goal is to help seniors stay in their homes. It is hoped that more people will take advantage of the program. Some communities have participation ten times that of Brookline. Information about the program is distributed through the Council on Aging. Other ways of publicizing this program such as including information with tax bills or separate mailings were suggested. Steve had no problem with a lower interest rate.



It was asked if a lower interest rate would be a gift to the heirs. Steve thought that would not be the case and that the town would get the money back eventually. Brooke Ames added that the accumulating 5% rate would be more of a burden.

Frank Caro representing the Brookline Community Aging Network was concerned with seniors having the ability to stay in their homes and said that something should be done for people who might be asset rich but cash poor. Steve Cirillo said that the town has been very cooperative and sensitive to this, and that he personally has helped introduce seniors to the program. \$50,000 is currently deferred annually as a result of this program.

#### SUBCOMMITTEE RECOMMENDATION:

There was no opposition to this article. The subcommittee voted unanimously in favor of Article 9.

**Article 6**  
**Personnel Subcommittee Report**  
**March 31, 2014**

The Personnel Subcommittee of the Brookline Advisory Committee held a public hearing on March 31, 2014, at 6 p.m., regarding Article 6 of the Annual Brookline Town Meeting. The meeting was held following due notice provided to the Town Clerk and published on the Town's website. Subcommittee members Nancy Heller, Chuck Swartz, Christine Westphal, and Sumner Chertok attended the meeting. Also in attendance was Town Assessor Gary McCabe, the petitioner.

**BACKGROUND:**

Article 6 provides for an increase in the property tax exemptions for certain classes of individuals. These proposed increases have been approved annually since FY89 and would result in an approximate cost of \$60,000 funded from the tax abatement overlay reserve account.

**DISCUSSION:**

The petitioner, Gary McCabe, wants to increase exemptions to 100% (except for new applicants). Most exemptions are at 100% now. The cost, about \$60,000, would be absorbed by the rest of the Brookline taxpayers. The cost for this in FY14 was approximately \$57,000.

**RECOMMENDATION:**

The subcommittee voted unanimously in favor of Article 6.

## BOARD OF ASSESSORS



The Board of Assessors voted unanimously on February 25, 2014 to recommend to the Annual Town Meeting to continue to grant additional property tax exemption amounts allowed by law as follows:

### PROPOSED ARTICLE FOR 2014 ANNUAL TOWN MEETING

To see if the Town will elect to establish an additional property tax exemption for fiscal year 2015 which shall be uniform for all exemptions, in accordance with Section 4 of Chapter 73 of the Acts of 1986, as amended by Chapter 126 of the Acts of 1988, and accept said Section 4, as amended, or act on anything relative thereto.

### PETITIONER'S EXPLANATION

This article provides for an increase in the property tax exemptions for certain classes of individuals, including surviving spouses, the elderly, and the blind and disabled veterans. The proposed increases, which require annual reauthorizations, have been approved by Town Meeting continually since FY1989.

### PETITIONER'S RECOMMENDATION

This article provides for an increase in the property tax exemptions for certain classes of individuals, including surviving spouses, the elderly, and the blind and disabled veterans. The proposed increases, which require annual reauthorizations, have been approved annually since FY1989. The estimated cost for FY2015 is approximately \$60,000 and is funded from the tax abatement overlay account. The law allows the Town to increase the exemptions by up to 100% as indicated on the following schedule, which are recommended by the Board of Assessors:

Description	Ch.59, Sec.5 Clause	FY2013 #Granted	Basic Amount Exempted	Proposed Amount Exempted
Surviving Spouse	17D	4	\$175	\$350
Veteran (10% Disability)	22	71	\$400	\$800
Veteran (loss of one hand, foot or eye)	22A	1	\$750	\$1,500
Veteran (loss of two hands, feet or eyes)	22B	0	\$1,250	\$2,500
Veteran (special housing)	22C	0	\$1,500	\$3,000
Veteran (certain widows of soldiers)	22D	0	\$250	\$500
Veteran (100% disability, cannot work)	22E	7	\$1,000	\$2,000
Blind	37A	36	\$500	\$1,000
Elderly	41C	9	\$500	\$1,000

TO BE VOTED BY ROLL CALL OF THE BOARD OF SELECTMEN:

That the Town elect to establish an additional property tax exemption for fiscal year 2015 which shall be uniform for all exemptions, in accordance with Section 4 of Chapter 73 of the Acts of 1986, as amended by Chapter 126 of the Acts of 1988, and accept said Section 4, as amended.

ADVISORY COMMITTEE'S CONSIDERATIONS

BACKGROUND

This Article would allow the Town to continue its current practice of increasing state-mandated property tax exemptions for several classes of qualifying taxpayers, including veterans with a 10% or greater disability, surviving spouses, blind taxpayers, and low-income elderly taxpayers. The town is required, to give these taxpayers, if eligible, a basic exemption whose amount is specified in Chapter 59, Section 5 of the Massachusetts General Laws and which is partially reimbursed by the state. The Town also has the option to increase these exemptions by any amount up to 100%. The increase must be uniform across all the exemptions, and the increased exemption may not decrease an individual taxpayer's liability below the previous year's amount.

DISCUSSION

The proposed increases require annual authorization and have been approved by Town Meeting each year since FY1989. It is hard to imagine the Town denying, for instance, disabled veterans and fixed-income elderly the additional exemptions allowed under state law. The Assessors estimate that the cost for FY2015 will be approximately \$60,000 and has already built a reserve for this purpose in the tax abatement overlay reserve account.

Human Services Subcommittee Hearing  
Tuesday, March 25, 2014  
5:30 PM Town Hall, room 310

### **Warrant Article 30**

Warrant Article 30 is a resolution to support HR 2888

*[...request Town Meeting to urge our Congressmen ,William Keating and Joseph Kennedy III, to push for passage of House Resolution 2888 (the Obstetric Fistula Prevention, Treatment, Hope and Dignity Restoration Act of 2013) out of Committee and for a full vote by the full House of Representatives- and vote for passage of the act... ] And “that the Selectmen promptly submit this resolution to Congressmen Keating and Kennedy as well as to Senators Edward Markey and Elizabeth Warren.”*

**In Attendance:** Sarah Gladstone (petitioner), Scott Gladstone (TMM #16), Tracy Gladstone, Lea Cohen (AC), Sytske Humphrey (AC)

### **Petitioner’s explanation**

The petitioner, Sarah Gladstone, is a Sophomore at Brookline High School and founded the Starfish Club in her Freshman Year. Kim Draggoo is club advisor. The Starfish Club raises funds to:

1. Repair fistula and to educate how to prevent obstetric fistula through medical and social (childhood marriage) intervention.
2. Develop rehabilitation programs after surgery is completed.

An Obstetric Fistula is a medical condition, caused by prolonged or obstructed labor resulting in a girl or woman’s inability to control urine and/or feces. Sufferers are ostracized and develop crippling psychological issues.

Sarah became involved in Worldwide Women’s issues – and obstetric fistula- when she realized that the power of one simple act can and will make a difference to one girl at a time. The club has as a goal to annually raise funds to repair 1 fistula (cost \$450). To date the club has raised \$1500 and Sarah on her own has raised an additional \$9000.

The Starfish Club supports all efforts to eradicate this sad and easy to fix problem: supporting HR 2888 is one way to work towards this goal.

Asking TMM to support the Obstetric Fistula Prevention, Treatment Hope and Dignity Restoration Act fulfills the Starfish Club’s mission to educate as many people as possible about this issue.

### **HRR 2888**

This Bill was filed on July 31, 2013. The Bill states that according to WHO, 2,000,000 women live with fistula and each year 50-100,000 new cases are added. Obstetric Fistula was common in the past and the first treatment hospital in the world stood where the current Waldorf-Astoria Hotel in NY is located. The United Nations Population Fund is active in fistula prevention in 45 countries in Asia, Africa and the Middle East. The UNPF supports medical training, intervention and

rehabilitative care after treatment.

USAID currently supports fistula treatment services on 34 sites. The ceiling for various treatment and prevention projects is \$70,000,000. The United States, through its Global Health Initiative, seeks to make progress in goals 4 (reduce child mortality), 5 (improve maternal health) and 6 (eradicate many preventable diseases and conditions) of the United Nations Millennium Goals.

The Global Health Initiative also seeks to reduce by 30% maternal mortality, by 20% the number of first births by women under 18 and to prevent 54,000,000 unintended pregnancies by reaching a 35% rate of family planning. These three targets will result in a great reduction of obstetric fistula, as well.

### **Discussion**

The petitioner's resolution promotes the well-being of young girls and women across the globe. There are no costs associated with the support of this resolution.

### **Voted**

The subcommittee unanimously supports Article 30.

113TH CONGRESS  
1ST SESSION

# H. R. 2888

To authorize assistance to aid in the prevention and treatment of obstetric fistula in foreign countries, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 31, 2013

Mrs. CAROLYN B. MALONEY of New York (for herself, Mr. CONYERS, Mr. CROWLEY, Mr. FARR, Mr. GRIJALVA, Mr. JOHNSON of Georgia, Ms. LOFGREN, Ms. MCCOLLUM, Mr. McDERMOTT, Ms. MOORE, Mr. MORAN, and Ms. SPEIER) introduced the following bill; which was referred to the Committee on Foreign Affairs

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## A BILL

To authorize assistance to aid in the prevention and treatment of obstetric fistula in foreign countries, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Obstetric Fistula Pre-  
5 vention, Treatment, Hope, and Dignity Restoration Act  
6 of 2013”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:



1           (1) Every minute, one woman dies from preg-  
2           nancy-related complications. Of these deaths, 99  
3           percent occur in developing countries. Over half of  
4           these deaths are in sub-Saharan Africa and one  
5           third are in South Asia.

6           (2) For every woman who dies from pregnancy-  
7           related complications, an estimated 20 women sur-  
8           vive but experience pregnancy-related disabilities.  
9           One of the most severe is obstetric fistula, which oc-  
10          curs when a woman who needs trained medical as-  
11          sistance for a safe delivery, usually a cesarean sec-  
12          tion, cannot get it.

13          (3) Obstetric fistula is a hole that is formed be-  
14          tween the bladder and the vagina, or the rectum and  
15          the vagina (or both), after a woman suffers from  
16          prolonged obstructed labor. In the struggle to pass  
17          through the birth canal, the fetus puts constant  
18          pressure, sometimes for several days, on the bladder  
19          and vaginal or rectal walls, destroying the tissue  
20          that then sloughs off, resulting in the abnormal  
21          opening.

22          (4) In the majority of obstetric fistula cases,  
23          the baby will be stillborn and the mother will experi-  
24          ence physical pain as well as social and emotional



1 trauma from living with incontinence, as well as the  
2 loss of her child.

3 (5) The physical symptoms of obstetric fistula  
4 include incontinence or constant uncontrollable leak-  
5 ing of urine or feces, frequent bladder infections, in-  
6 fertility, and foul odor.

7 (6) Although data on obstetric fistula are  
8 scarce, the World Health Organization (WHO) esti-  
9 mates there are more than 2,000,000 women living  
10 with fistula, and 50,000 to 100,000 new cases each  
11 year.

12 (7) According to the Department of State,  
13 "The combination of pregnancy at an early age,  
14 chronic maternal malnutrition, and a lack of skilled  
15 care at delivery can all contribute to the develop-  
16 ment of obstetric fistula and permanent inconti-  
17 nence."

18 (8) Obstetric fistula was once common through-  
19 out the world, but over the last century was elimi-  
20 nated in Europe, North America, and other devel-  
21 oped regions through improved access to medical  
22 interventions, particularly emergency obstetric care  
23 for those women who need it. The first fistula hos-  
24 pital in the world stood where the Waldorf-Astoria  
25 Hotel is now located in New York City.

1           (9) The social consequences for women living  
2       with obstetric fistula include isolation, divorce or  
3       abandonment, ridicule and shame, loss of social be-  
4       longing and association, illness and malnutrition,  
5       risk of violence, and lack of economic opportunities.  
6       Girls with obstetric fistula are also often unable to  
7       continue schooling. Victims suffer psychological con-  
8       sequences, such as feelings of hopelessness, self-ha-  
9       tred, sadness, depression, and suicide, because of  
10      stigma and lack of awareness that their condition is  
11      treatable. Fistula victims need regular medical at-  
12      tention and an extra supply of soap to keep clean,  
13      placing a huge financial burden on already poor  
14      families. They also lose property when they are di-  
15      vorced or abandoned by their husbands and family.  
16      Some lose jobs or are denied work, while others quit  
17      their jobs out of shame, leading to deepened poverty  
18      and vulnerability to repeat fistulas.

19           (10) Obstetric fistula is preventable through  
20      medical interventions, such as skilled attendance, in-  
21      cluding midwives, present during labor and child-  
22      birth, providing access to family planning, and emer-  
23      gency obstetric care for women who develop child-  
24      birth complications, as well as social interventions



1       such as delaying early marriage and educating and  
2       empowering young women.

3           (11) Obstetric fistula can also be surgically  
4       treated. Surgery requires a specially trained surgeon  
5       and support staff, and access to an operating the-  
6       ater and to attentive postoperative care. When per-  
7       formed by a skilled surgeon, success rates can be as  
8       high as 90 percent and cost an estimated \$300.

9           (12) According to the Department of State,  
10      “Because of their roles in child rearing, providing  
11      and seeking care, and managing water and nutri-  
12      tion, the ability of women to access health-related  
13      knowledge and services is fundamental to the health  
14      of their babies, older children and other family mem-  
15      bers. Over the long-term, the health of women en-  
16      hances their productivity and social and economic  
17      participation and also acts as a positive multiplier,  
18      benefitting social and economic development through  
19      the health of future generations.”.

20          (13) In 2002, the United Nations Population  
21      Fund (UNFPA) and EngenderHealth embarked on  
22      the first ever assessments in nine African countries  
23      to determine the need for and access to services to  
24      address obstetric fistula. In 2003, UNFPA and  
25      partners launched a global campaign to identify and

1 address obstetric fistula in an effort to develop a  
2 means to treat those women who are suffering and  
3 provide the necessary health services to prevent fur-  
4 ther cases. The campaign is currently active in more  
5 than 45 countries in Africa, Asia, and the Arab  
6 states region through support for fistula surgery,  
7 training of doctors and nurses, equipping hospitals,  
8 and undertaking community outreach to prevent fur-  
9 ther cases, and supporting provision of rehabilitative  
10 care for women after treatment so they can return  
11 to full and productive lives.

12 (14) The Global Campaign to End Fistula  
13 works with national counterparts, including min-  
14 istries of health, other pertinent ministries, United  
15 Nations agencies, international and national non-  
16 governmental organizations, civil society organiza-  
17 tions, and fistula providers, in support of national  
18 processes and fistula programmatic efforts. A key  
19 focus is national fistula capacity strengthening.

20 (15) In 2004, the United States Agency for  
21 International Development (USAID) provided fund-  
22 ing through the ACQUIRE Project managed by  
23 EngenderHealth to support services in two coun-  
24 tries: Bangladesh and Uganda. In 2007, USAID  
25 provided a five-year cooperative agreement to



1 EngenderHealth for the Fistula Care project.  
2 USAID currently supports fistula treatment services  
3 in 34 sites in 11 countries and addresses prevention  
4 in those sites and 25 more. The ceiling for the Fis-  
5 tula Care project is \$70,000,000.

6 (16) One of the key global health principles of  
7 the United States Global Health Initiative is to  
8 strengthen and leverage key multilateral organiza-  
9 tions, global health partnerships, and private sector  
10 engagement. The United States has committed to  
11 join multilateral efforts involving the United Nations  
12 and others to make progress toward achieving Mil-  
13 lennium Development Goals 4, 5, and 6.

14 (17) By 2014, the United States, through its  
15 Global Health Initiative, has committed to several  
16 targets that will reduce the incidence of fistula, in-  
17 cluding through efforts to reduce maternal mortality  
18 by 30 percent, prevent 54,000,000 unintended preg-  
19 nancies by reaching a modern contraceptive preva-  
20 lence rate of 35 percent, and reducing to 20 percent  
21 the number of first births by women under 18 across  
22 assisted countries.

1 **SEC. 3. PREVENTION AND TREATMENT OF OBSTETRIC FIS-**  
2 **TULA.**

3 (a) **AUTHORIZATION.**—The President is authorized,  
4 in accordance with this section and section 4, to provide  
5 assistance, including through international organizations,  
6 national governments, and international and local non-  
7 governmental organizations, to—

8 (1) address the social and health issues that  
9 lead to obstetric fistula; and

10 (2) support treatment of obstetric fistula.

11 (b) **ACTIVITIES.**—Assistance provided pursuant to  
12 subsection (a) shall focus on—

13 (1) increasing prevention through access to sex-  
14 ual and reproductive health services, including  
15 skilled attendance at birth, comprehensive emer-  
16 gency obstetric care, prenatal and antenatal care,  
17 contraception (family planning), and supporting  
18 comprehensive sexuality education;

19 (2) building local capacity and improving na-  
20 tional health systems to prevent and treat obstetric  
21 fistula within the context of navigating pregnancy in  
22 good health overall;

23 (3) supporting tools to enable countries to ad-  
24 dress obstetric fistula, including supporting quali-  
25 tative research and data collection on the incidence  
26 and prevalence of obstetric fistula, development of



1 sustainable financing mechanisms to encourage facil-  
2 ity deliveries and provide fistula survivors access to  
3 free or affordable treatment, training of midwives  
4 and skilled birth attendants, promoting “south-to-  
5 south” training, and provision of basic obstetric care  
6 at the community level;

7 (4) addressing underlying social and economic  
8 inequities, including empowering women and girls,  
9 reducing incidence of child marriage, delaying child-  
10 birth, and increasing access to formal and non-for-  
11 mal education;

12 (5) supporting reintegration and training pro-  
13 grams to help women who have undergone treatment  
14 return to full and productive lives; and

15 (6) promoting public awareness to increase un-  
16 derstanding of obstetric fistula, and thereby improve  
17 prevention and treatment efforts, to help reduce  
18 stigma and violence against women and girls with  
19 obstetric fistula.

20 **SEC. 4. COORDINATION, REPORTING, RESEARCH, MONI-**  
21 **TORING, AND EVALUATION.**

22 (a) IN GENERAL.—Assistance authorized under this  
23 Act shall—

24 (1) promote the coordination facilitated by the  
25 International Obstetric Fistula Working Group,

1       which coordinates between and among donors, multi-  
2       lateral institutions, the private sector, nongovern-  
3       mental and civil society organizations, and govern-  
4       ments in order to support comprehensive prevention  
5       and treatment of obstetric fistula; and

6           (2) be used for the development and implemen-  
7       tation of evidence-based programs, including moni-  
8       toring, evaluation, and research to measure the ef-  
9       fectiveness and efficiency of such programs through-  
10      out their planning and implementation phases.

11      (b) REPORTING.—Not later than one year after the  
12      date of the enactment of this Act and annually thereafter,  
13      the President shall transmit to Congress a report on ac-  
14      tivities undertaken pursuant to this Act during the pre-  
15      ceding fiscal year to reduce the incidence of and increase  
16      treatment for obstetric fistula, and how such activities fit  
17      into existing national action plans to prevent and treat ob-  
18      stetric fistula.

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